

**Bernalillo County Healthcare Task Force**  
**Community Meeting Comments • July 10, 2014**  
**La Mesa Presbyterian Church**

The following comments are from notes that were written on flip charts during the meetings in July 2014. These notes are intended to accompany the audio recording of each meeting. At each meeting, following a brief presentation on the Healthcare Task Force's purpose, participants were invited to offer how to improve healthcare in Bernalillo County, particularly how to improve the healthcare safety net. Ideas include both areas of concern (that the Task Force should focus on) and recommendations. All comments are presented in chronological, rather than thematic, order. Each primary bullet represents a different speaker; indented bullets are part of that person's comments.

**July 10, 2014 Community Meeting Comments • La Mesa Presbyterian Church**

**Questions:**

- **What concerns do you have about health care services in Bernalillo County?**
  - **What can be done to improve health care services in the County?**
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*Mental health patient/attorney*

- No psychiatrist on call on evenings and weekends
- Recommendation: We need more physicians on call.
- Recommendation: Doctor who files the petition is the one who testifies. UNMH sets schedule
- Continuity of care essential for mental health patients. Lost psychiatrist and psychologist
  - UNM taxes to the hilt to provide services—it's a crisis situation
- Recommendation: County should set aside \$ for education, e.g., booklet giving the criteria for mental illness and recommendations for a recovery plan
- Recommendation: additional funding (\$225K in new \$) for interventions besides medication that could improve patients, e.g., educational DVD to be played in waiting rooms
- Recommendation: \$75,000 for an educational coordinator to create this program
- Recommendation: create peer support groups. NAMBI provides training in peer support groups
- Education should be part of hospitalization and outpatient care. Should be integral to care. It is easier to manage a disorder when you know the symptoms
- Recommendation: Consider independent management agency to teach UNMH total quality management—give voice to the customer.
- Recommendation: create privacy room for patients to meet with doctors

*UNM physician*

- Recommendation: BC attorney to take lead with state/city to amend Treatment Guardian statute.
- Recommendation: started MH program in jail. Treatment in jail has link to treatment afterward
- UNMH does not provide charity care—we pay for care!
- I hope the voters approve another \$90M. And this time there should be monitoring and oversight of the \$ to make sure we are getting our true value for it.
- There is a void in leadership. UNMH is not fulfilling its commitment. It provides tertiary care, but primary care and mental health are not priorities.
- Many counties in the US have a health commission and/or a health department, but that is not the case in BC. Decisions about healthcare should be made in BC.
  - BC residents are not getting their fair share of state \$
  - Create a process to get \$ and create the BC Health Authority, a system for primary care with experts in public health and primary care
- One example of system failure: Opiate death rate is 1 of highest in US. UNM has not done enough in this area.
  - There is a 3-month waiting list for treatment for opiate addiction

#### *Former Nurse*

- UNM hasn't met the needs people with illnesses.
- Recommendation: services should be community based (knowledgeable people, resources), not based from a organizational behemoth that has no flexibility to meet community needs.
- UNMH does a great job with acute care and meeting state needs.
- Locally, a lot of people are falling through the cracks.
- Recommendation: need more paraprofessionals. Let's get legislation to do and have UNM put its lobbyists behind this
- Recommendation: need better UNMH management.

#### *Detective with Crisis Prevention Team*

- A lot of people don't know where to go for services
- Recommendation: UNM, city, and county should partner to provide crisis team of nurses who know the hospital system. Law enforcement doesn't know where an individual should be treated—e.g., the person could appear to be psychotic when the issue is substance abuse

#### *Young Female Member of Audience*

- Accountability. When I get my tax bill, I think of UNM.
- Recommendation: more care for immigrants, especially elderly
- A lot of people go to ER because they have no other options
- Provide better access for low-income people to HC services
- Recommendation: do not send low-income people to collections
- Recommendation: increase the number of primary care clinics to cover UNM Care because ACA enrollment is not working well.
- A large % of transients are on UNM Care
  - Gap in coverage: transgender care
  - R-expand UNM Care to cover services that should be covered by insurance

*Spanish-speaking member of audience who spoke in Spanish (with translator speaking English)*

- Works with immigrants in International District
- Immigrants have real difficulty accessing services; example: hungry immigrant without documents, job, housing.
- Recommendation: allocate more \$ for Pathway program; it helps people find the resources they need.

*Young Woman who Works with Street Safe program aimed at people who use ER a lot*

(IV drug users, sex workers, etc.)

- People wait until they have an emergency before they go for care
- Lack of transportation is part of this problem: 45 minute trip on 3 buses
- Recommendation: have an urgent care, community-based program that is not at the hospital and that is within walking distance of IV drug users, sex workers, etc.
- UNMH has a history of disrespectful patient treatment: "I don't want to go to UNM."

*Enrique*

- St. Martins does a weekly check on clients, but there is a 1-year wait at UNM.
- The taxpayers pay to incarcerate people for treatment.
- I expect service in return for my taxes
- Recommendation: more \$ to Pathways; increase from 1% to 2-5%.
- Recommendation: invest in mental health and substance abuse treatment. No one cares when a Chicano ODs in this neighborhood, but people care when it is a privileged youth in another neighborhood
- Jail is the #1 mental health provider in BC.
- Recommendation: Address the people at rock bottom—how do we move them to a better place? People who don't read well are at risk
- Recommendation: Keep the mil levy but put more \$ into services. Keep people out of jail and off the streets.

*Community health worker*

- All these recommendations have been suggested to the hospital administration. Result: inaction.
- Recommendation look at the history of recommendations made to the hospital (e.g., 2005 summit), especially recommendations dealing with prevention, diabetes, etc.
- Recommendation: Get something in writing from the hospital to improve services. Accountability is a big issue.
- DOH study showed how services are paid for. It costs UNMH more to provide a visit than private insurance or Medicaid. We are paying more.
- Recommendation: MOU between BC and UNMH: more \$ should go to primary care; no bonuses for administrators

### *Community health worker*

- It is time consuming to work with UNM Pathways; efforts to get services for a client is a fight
- We all pay taxes, so we deserve services
- Recommendation: better communication and access to client services

### *Community member*

- ACA mandates parity between mental health and health treatment
- Many incarcerated don't qualify for Centennial Care; after discharge, there is no community-based public health services.
  - Need access to mental health services. Also primary care, family health services, preventive care, and early intervention
- Recommendation: decentralization of UNMH services across ½ dozen clinics to provide services that are located on bus routes
- Regional Medicaid to do audit of services
- Recommendation: Place navigators in MDC to help with the transition to services outside jail

### *Nonprofit health provider (Samaritan)*

- UNMH has an opportunity to partner with nonprofits, and they need \$ to continue to provide services
  - Our therapists can't get under UNM Care
- Establish accountability metrics to measure performance: short waits, access, warm hand-offs, etc.
- NM is #1 in mental illness, and UNM is overwhelmed
- Recommendation: need quality BH and substance abuse services including prevention. Some of the \$ should go here. Partnerships a key.

### *Members of Audience*

- I had to go to Mesilla Valley when I had a manic episode because service wasn't available in BC
- There is no place to detox from spice. Early intervention is essential. This is a place for partnership
- Hospital needs to partner to improve access. TF: look at options!

### *Community health worker*

- Recommendation: Clinic to handle urgent care
- Recommendation: put \$ into communities for full range of services including mental health and services to undocumented
- Recommendation: extend hours for BH, primary specialists
- Recommendation: \$ to train and maximize community health workers/partnerships; they set up direct communication with client